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CONFIRMATION NO. 1729

<b>SERIAL NUMBER</b> 10/692,979	<b>FILING OR 371(c) DATE</b> 10/24/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 042644-0303
<b>APPLICANTS</b> William R. Campbell, Jamestown, NC; Kathleen G. Palma, McLeansville, NC; Neil E. Paulsen, Davidson, NC;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/136,075 04/29/2002 PAT 6,663,876 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/23/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>M</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 26
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 30542				
<b>TITLE</b> Methods and compositions for treating ectoparasite infestation				
<b>FILING FEE RECEIVED</b> 1069	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	